

MULTIPLE DEPENDENT CLAIM

FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

101585739

FILING DATE

CLAIMS

	AS FILED		AFTER		AFTER	
			1 ST AMENDMENT		2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1			
TOTAL DEP.			7			
TOTAL CLAIMS			8			

	AS FILED		AFTER		AFTER	
			1 ST AMENDMENT		2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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